


# Evaluation Form

## New Developments in HIV/Hepatitis C Co-Infection



2. If you **have Internet access and require CME/CNE Credit** - please complete the form online at [www.STDCentral.org/GR/Credit](http://www.STDCentral.org/GR/Credit).



**Last Name**

[illegible]

**First Name**

<b>Middle Name</b>			

[illegible][illegible][illegible][illegible]

<b>Agency Address (Line1)</b>					

[illegible]

Agency Address (Line 2)

[illegible]

City

State

**Zip Code**

Country

[illegible]

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E-mail

[illegible]

Phone

**FAX**

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(Continued )

3. Are you a full- or part-time student in a formal education program? ☐ Yes ☐ No

If so, what is the program? \_\_\_\_\_

4. What is your principal occupation? (please choose ONLY ONE)

- |   |   |  |
|---|---|--|
| <input type="radio"/> Physician <sup>1</sup>                                | <input type="radio"/> Laboratorian/Medical Technologist <sup>7</sup>      | <input type="radio"/> Case Manager <sup>13</sup>             |
| <input type="radio"/> Physician's Assistant, Medical Assistant <sup>2</sup> | <input type="radio"/> HIV Counselor <sup>8</sup>                          | <input type="radio"/> Outreach Staff <sup>14</sup>           |
| <input type="radio"/> Registered Nurse <sup>3</sup>                         | <input type="radio"/> Health Educator <sup>9</sup>                        | <input type="radio"/> Community Planning <sup>15</sup>       |
| <input type="radio"/> Licensed Practical/Vocational Nurse <sup>4</sup>      | <input type="radio"/> Administrator <sup>10</sup>                         | <input type="radio"/> Social Worker <sup>16</sup>            |
| <input type="radio"/> Nurse Practitioner <sup>5</sup>                       | <input type="radio"/> Disease Intervention Specialist (DIS) <sup>11</sup> | <input type="radio"/> Drug Treatment Counselor <sup>17</sup> |
| <input type="radio"/> Certified Nurse Midwife <sup>6</sup>                  | <input type="radio"/> Student <sup>12</sup>                               | <input type="radio"/> Other <sup>18</sup> (please specify)   |
- \_\_\_\_\_

5. In what type of organization are you primarily employed? (please choose ONLY ONE)

- |   |   |  |
|---|---|--|
| <input type="radio"/> Non-clinical community-based org. <sup>1</sup>                  | <input type="radio"/> Managed care organization <sup>5</sup> (e.g. Kaiser)          | <input type="radio"/> Military <sup>9</sup>                |
| <input type="radio"/> Gov't-funded public health program <sup>2</sup>                 | <input type="radio"/> Private practice, clinical care, hospital/clinic <sup>6</sup> | <input type="radio"/> Indian Health Services <sup>10</sup> |
| <input type="radio"/> University, college, other school <sup>3</sup>                  | <input type="radio"/> Clinical laboratory <sup>7</sup>                              | <input type="radio"/> Migrant health clinic <sup>11</sup>  |
| <input type="radio"/> Family planning program <sup>4</sup><br>(not government funded) | <input type="radio"/> Corrections facility <sup>8</sup>                             | <input type="radio"/> Other <sup>12</sup> (please specify) |
- \_\_\_\_\_

6. If your job involves clinical care of patients, which of the following most closely describes the type of clinical care you provide? (please choose ONLY ONE)

- |  |   |  |
|--|---|--|
| <input type="radio"/> Not applicable <sup>1</sup>  | <input type="radio"/> General public health/community health <sup>4</sup> | <input type="radio"/> Primary care <sup>7</sup>                              |
| <input type="radio"/> STD/HIV <sup>2</sup>         | <input type="radio"/> Adolescent health <sup>5</sup>                      | <input type="radio"/> Other clinical specialty (please specify) <sup>8</sup> |
| <input type="radio"/> Family planning <sup>3</sup> | <input type="radio"/> Obstetrics/Gynecology <sup>6</sup>                  |  |
- \_\_\_\_\_

7. What populations do you serve within your agency? (please mark ALL THAT APPLY)

- |   |   |  |
|---|---|--|
| <input type="radio"/> Injection drug users <sup>1</sup> | <input type="radio"/> Non-injecting drug users <sup>6</sup>   | <input type="radio"/> Incarcerated adults <sup>11</sup>                      |
| <input type="radio"/> Sex industry workers <sup>2</sup> | <input type="radio"/> Homeless populations <sup>7</sup>       | <input type="radio"/> Heterosexual partners of persons at risk <sup>12</sup> |
| <input type="radio"/> Incarcerated youth <sup>3</sup>   | <input type="radio"/> Adolescents (ages 13-19) <sup>8</sup>   | <input type="radio"/> Racial/ethnic groups (please specify) <sup>13</sup>    |
| <input type="radio"/> Disabled persons <sup>4</sup>     | <input type="radio"/> Rural communities <sup>9</sup>          |  |
| <input type="radio"/> Pregnant women <sup>5</sup>       | <input type="radio"/> Men who have sex with men <sup>10</sup> | <input type="radio"/> Others (please specify) <sup>14</sup>                  |
- \_\_\_\_\_

8. What percentage of your principal job is devoted to STD/HIV? \_\_\_\_\_

9. How long have you been working in STD/HIV prevention or care? \_\_\_\_\_ ☐ Years ☐ Months

10. Are you a member of an HIV and/or STD Community Planning Group? ☐ Yes<sup>1</sup> ☐ No<sup>2</sup>

11. How did you hear about this course?

- |  |  |   |
|--|--|---|
| <input type="radio"/> Flyer <sup>1</sup>                   | <input type="radio"/> Notice in staff bulletin/newsletter <sup>4</sup> | <input type="radio"/> Journal/magazine <sup>7</sup>       |
| <input type="radio"/> Word of mouth/Colleague <sup>2</sup> | <input type="radio"/> Faxed flyer <sup>5</sup>                         | <input type="radio"/> Other (please specify) <sup>8</sup> |
| <input type="radio"/> Brochure <sup>3</sup>                | <input type="radio"/> E-mail message <sup>6</sup>                      |   |
- \_\_\_\_\_

12. At what site did you view the Satellite Broadcast?

\_\_\_\_\_

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## SECTION 2:

Did the course meet the stated objectives:

1. Describe the synergism of HIV and Hepatitis C co-infection.	Yes	No
2. Discuss the transmission and epidemiology of who is at risk.	Yes	No
3. List the unique diagnostic tests.	Yes	No
4. Discuss the complexity of therapy.	Yes	No

3. We would appreciate your feedback on the teaching aspects of this update.

	Not at all ← → To a great extent				
How useful was this information to your practice?	1	2	3	4	5
To what extent were the objectives relevant to the program's overall purpose & goals?	1	2	3	4	5
To what extent was the content relative to the objectives?	1	2	3	4	5
How effective were the teaching methods?	1	2	3	4	5
How useful were the materials?	1	2	3	4	5

4. Please rate this broadcast for "Overall effectiveness"

(Please rate 1 = poor to 5 = excellent)

1 2 3 4 5

5. Comments:

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6. Did you view this broadcast via satellite broadcast or webcast? \_\_\_\_\_

7. Did you experience any technical difficulties? Yes\_\_\_\_ No\_\_\_\_

Please explain:

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8. Topic suggestions for future satellite programs:

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